

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2134AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/20/2010
NAME OF PROVIDER OR SUPPLIER HERITAGE SPRINGS			STREET ADDRESS, CITY, STATE, ZIP CODE 8720 W. FLAMINGO ROAD LAS VEGAS, NV 89147		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual grading survey conducted in your facility on 07/20/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a grade of B.</p> <p>The facility is licensed for 100 Residential Facility for Group beds for elderly and disabled person and 27 beds for persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 108. 25 resident files were reviewed and 15 employee files were reviewed. One discharged resident file was reviewed.</p> <p>The following deficiencies were identified:</p>	Y 000			
Y 103 SS=D	<p>449.200(1)(d) Personnel File - NAC 441A / Tuberculosis</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p>	Y 103			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1 This Regulation is not met as evidenced by: Based on record review on 7/20/10, the facility failed to ensure that 1 of 15 caregivers complied with NAC 441A.375 regarding tuberculosis testing (Employee #4). Severity: 2 Scope: 1	Y 103			
Y 255 SS=F	449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division. This Regulation is not met as evidenced by: Observations in the kitchen during a survey on 7/20/10 revealed the kitchen did not comply with the requirements of NAC 446. 1. Risk factors: a. Raw fish, raw chicken, and raw ground beef patties were stored above cooked meatballs and sauces in the reach-in refrigerator on the end of the cook's line.	Y 255			

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Y 255	Continued From page 2 2. Cleaning and sanitation: a. Rust was on the interior of the ice machine. b. A container of sugar in dry storage was labeled as rice and a container of pickles in the walk-in refrigerator was labeled as beef gravy. Severity 2; Scope 3	Y 255			
Y 693 SS=D	449.2712(2) Oxygen-Caregiver monitor resident ability NAC 449.2712 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician. (b) Ensure That: (1) The resident's physician evaluates periodically the condition of the resident which necessitates his use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks. (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present	Y 693			

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Y 878	Continued From page 4 This Regulation is not met as evidenced by: Based on record review and interview on 7/20/10, the facility failed to ensure that 3 of 25 residents received medications as prescribed (Resident #5 - multivitamins and mineral antioxidants, #6 - Namenda missed one dose; and #25 - Levothyroxin and B12). Severity: 2 Scope: 1	Y 878			
Y 920 SS=F	449.2748(1) Medication Storage NAC 449.2748 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key.	Y 920			

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Y 920	Continued From page 5 This Regulation is not met as evidenced by: Based on observation on 7/20/10, the facility failed to ensure medications belonging to 2 residents were properly secured in the Memory Care Medication Room. This affects all residents (Resident #10 - Ipratropium and Resident #27 - Seroquel). Severity: 2 Scope: 3	Y 920			
Y 999 SS=F	449.2754(1)(g) Alzheimer's Facility-Toxic substances NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. This Regulation is not met as evidenced by: Based on observation on 7/20/10, the facility failed to secure cleaning products in the Alzheimer's Care Unit (Comet with Bleach, Disinfectants and WD-40 left on a counter in an unlocked office). Severity: 2 Scope: 3	Y 999			

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